

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18681
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township Davis Primary Registration District No. 5629-A Registered No. 28
(c) City..... (d) Street No..... St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Ann Jennings 552

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23rd 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
88 10 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayview, Mo.13. NAME Jack McElroy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Susan Poole16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Frank Jennings
Higginsville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 5/23/38, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hader
Higginsville, Missouri.20. FILED May 26, 1938 T. J. Webb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 193822. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1938, to May 21, 1938I last saw her alive on May 21, 1938 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Heart block from Mitral Regurgitation

Date of onset

Other contributory causes of importance: Embolus of right foot May 20Name of operation None Date of ---
What test confirmed diagnosis? Phy. findings Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? --- Date of injury ---, 19---Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---
Nature of injury ---24. Was disease or injury in any way related to occupation of deceased? No
If so, specify W. A. Braschler, M. D.(Signed) W. A. Braschler, M. D.
(Address) Higginsville, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert A. Rieckhoff

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Robert A. Rieckhoff

Licensed Embalmer No.

3637

P. O. Address

Digginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.